

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90261 044 ****61.25

DOCUMENT # N44787

1. Entity Name

**MARTIN LUTHER KING JR. MEMORIAL COMMITTEE OF POM
 PANO BEACH, FLORIDA, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 883
 POMPANO BEACH FL 33061

P. O. BOX 883
 POMPANO BEACH FL 33061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0409926

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, JOYCE
 360 NW 14 ST
 POMPANO BEACH FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Joyce Jackson

(Joyce Jackson)

4/22/02

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, JOYCE	
STREET ADDRESS	360 NW 14TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GILLIS, EUGENE	
STREET ADDRESS	595 NW 15TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	FSD	<input checked="" type="checkbox"/> Delete
NAME	PRICE, ERNESTINE	
STREET ADDRESS	1461 NW 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SWORN, SAM	
STREET ADDRESS	1508 NW 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIMBERLY, PAULA	
STREET ADDRESS	349 NW 19 STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSTON, ANDREW	
STREET ADDRESS	1017 SE 22 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felton Phillips	
STREET ADDRESS	216 Lake Point Dr., Pompano Bch, FL 33309	
CITY-ST-ZIP		
TITLE	FSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Millicent Sworn	
STREET ADDRESS	1508 NW 3rd Way	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce Jackson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/02 (954) 786-4111
 Daytime Phone #

CR2E037 (9/01)